

07-12-01

Atty. Dkt. No. 026977-0109

Applicant:

David M. Sellepack

Title:

POLYMERIC WATERCRAFT AND

MANUFACTURE METHOD

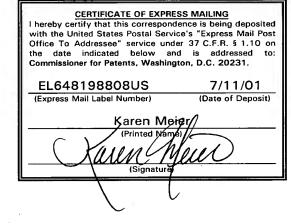
THEREOF

Appl. No.:

Filing Date:

Examiner:

Art Unit:



## UTILITY PATENT APPLICATION TRANSMITTAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

David M. Sellepack 326 Lakeside Drive Delton, Michigan 49046

[ ] Applicant claims small entity status under 37 CFR 1.27.

## Enclosed are:

- [X] Specification, Claim(s), and Abstract (33 pages).
- [X] Informal drawings (8 sheets, Figures 1-15).
- [X] Declaration and Power of Attorney (4 pages).
- [ ] Assignment of the invention to Leisure Life Limited.
- [ ] Assignment Recordation Cover Sheet.
- [ ] Small Entity statement.



[ ]	Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
[]	Information Disclosure Statement.
[]	Form PTO-1449 with copies of listed reference(s).
[ ]	Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
D:- F	as riieu		basic ree		Ciairis				
Basic Fee	•						\$710.00		\$710.00
Total Claims:	47	-	20	=	27	×	\$18.00	=	\$486.00
Independents:	4	- '	3		1	х	\$80.00	= '	\$80.00
If any Multiple Dependent Claim(s) prese			s) present:	E		+	\$270.00	=	\$0.00
	,						SUBTOTAL:	=	\$1276.00
[ ]	Small Entity Fees Apply (subtract ½ of above):						=	\$0.00	
TOTAL FILING F							FILING FEE:	=	\$1,276.00

- [X] A check in the amount of \$1,276.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date \_\_\_\_

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